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Under the Paperwork F	Reduction Act of 199	, no persons are	required to respo	ons present a.u. to a criterion of the	Trademark O	ffice; U.S.	DEPARTMENT	OF COMMER	
Under the Paperwork PATE		ON FEE DI		ON RECORD		C22 (1 (112b)	STORY ONE	CONTROL CURRY	
	CLAIMS AS FILL (Column 1	CMALL	. ENTITY	OR	OTHER THAI				
FOR	7	- EATH Y	הט ה ד	SMALI	LENTITY				
BASIC FEE (37 CFR 1.16(a))	MUMBER FOL	EU N	UMBER EXTRA	RATE	FEE	4	RATE	FEE	
TOTAL CLAIMS				┥ ├	<u> </u>	OR			
(37 CFR 1.16(c))	minus 20 = •				<u> </u>	OR	X 8 =		
(37 CFR 1.16(b))		3 = •		X8=		OR	x s=		
MULTIPLE DEPENDENT C	LAIM PRESENT		1	OR	+:				
If the difference in cotum	in 1 is less than zero	TOTAL		OR					
A./Z. CLAIN	AS AS AMENDE	D - PART II					TOTAL		
iliala									
	(Column 1) (Column 2) (Column 3)				ENTITY	OR	OR OTHER SMALL		
Z / AW	EMAINING AFTER IENDMENT	HIGHEST NUMBER PREVIOUS! PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Total arcfR 1.18(4)	18 Minus	20	=	X 8_ =	FEE			FEE	
Z Independent (0.7 CFR 1.18(b))	? Minu	-3	=			OR	X 8=		
FIRST PRESENTATION	OF MILETIPLE OFFICE	DENT CLARL OF		X 8=		OR	X \$=	$-\!$	
		(a)	CFR 1.16(d))	TOTAL		OR	+8 -		
			•	ADD'L FEE		OR	TOTAL ADO'L FEE		
	Okumn 1)	(Cotumn 2	(Cotumn 3)			_		7	
RE AME	MAINING VFTER ENDMENT	. HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total or CFR 1.10(c)	Minus	•		X \$_ =		OR	-	FEE	
independent (37 CFR 1.16(b))	Minus		=	X 8 ==			X \$		
FIRST PRESENTATION	OF MULTIPLE DEPEN	DENT CLAIM (37	CFR 1.16(d))			OR	× 5=		
				+s = TOTAL ADD'L FEE		OR L	TOTAL ADD'L FEE	-	
	umn 1)	(Column 2)	(Column 3)	_					
REA	AIMS VAINING FTER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL	ſ	RATE	ADDI- TIONAL	
Total (37 CFR 1,16(G)	Minus	•			FEE			FEE	
Total (7 CFR 1.19(a)) Independent (27 CFR 1.19(b))	Minus		=	X,8=		OR	X \$=		
FIRST PRESENTATION C	F MULTIPLE DEDENIN	ENT CLAPA CO	5044045	X \$=		OR 2	K \$=		
	The state of the s	COLOR (37 C	ert 1.16(d])	+s =			S -		
* If the entry in column 1	is less than the entr	in column 2, wr	ite "0" in column 3.	ADD'L FEE			ADD'L FEE		
" If the "Highest Number " If the "Highest Number The "Highest Number P	PICYIOUSIY PEID FOR	IN THIS SPACE	ie loce than 2 and	nter "20". er "3".					

The "Highest Number Previously Paid For" (Total or Independent) is this highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

								ı	Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003						RD	1069590/							
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	ENTITY	OF		R THAN ENTITY				
TOTAL CLAIMS			12			-		RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 385.0	0 OF	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			2_minus 20=		*	ψ		X\$ 9=		OF	X\$18=			
INDEPENDENT CLAIMS			2 minus 3 = "			(X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT					, 🗆		+145=		OR		-			
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	+	OR	L	220			
CLAIMS AS AMENDED - PART II											OTHER	THAN		
_	(Column 1) (Column 2) (Column 3)					(Column 3)	_	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AM	Independent	*	Minus ***		<u> </u>			X43=		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							Ī	+145=		OR	+290=			
1, 10					Δ	TOTAL		OR	TOTAL ADDIT, FEE					
		(Column 1)		(Colum	n 2)	(Column 3)	^	0011. T CE			ADDII. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•		
AME	Independent	•	Minus	***			T	X43=		OR	X86=			
2	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT (CLAIM	للب	t	+145=		OR	+290=			
							L	TOTAL		OR	TOTAL			
		(Column 1)		Calum	- 0\	(Cal 0)	ΑC	DIT. FEE			ADDIT. FEE			
$\overline{\mathbf{J}}$	`	CLAIMS		(Columi HIGHE	ST	(Column 3)			4001	, ,				
Z		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		8	\vdash	X43=						
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					H	A43=		OR	X86=				
* H	the cetar is colum	na 1 ia laca than th	 			_0_	L	145=		OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
T	he "Highest Num	ber Previously Paid	For (Total or	Independent	ess than) is the l	is, enter "3." nighest number fo		_	propriate bo					
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